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** CONTINUING DATA *****

This application is a CIP of 09/870,097 05/30/2001 PAT 6,650,942

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/19/2002

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| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY MN | SHEETS DRAWING 13 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 3 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

27581

TITLE

IMPLANTABLE MEDICAL DEVICE WITH A DUAL POWER SOURCE

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| FILING FEE RECEIVED 1550 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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